

(TO PLAINTIFF'S ATTORNEY: Please Circle Type of Action Involved: - TORT - MOTOR VEHICLE TORT - CONTRACT - EQUITABLE RELIEF - OTHER.)

COMMONWEALTH OF MASSACHUSETTS

ESSEX, ss.

SUPERIOR COURT
CIVIL ACTION
No.

050641

Kathleen A. Martin, Plaintiff(s)

v.

Merck & Co. et al., Defendant(s)

D

SUMMONS

To the above named Defendant: Dartmouth Hitchcock Medical Ctr., Attn: President:

You are hereby summoned and required to serve upon Andrew J. Tine of Hayes, LLC, plaintiff's attorney, whose address is 30 Federal St., Boston, MA 02110, an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You are also required to file your answer to the complaint in the office of the Clerk of this court at Lawrence, MA either before service upon plaintiff's attorney or within a reasonable time thereafter.

Unless otherwise provided by Rule 13 (a), your answer must state as a counterclaim any claim which you may have against the plaintiff which arises out of the transaction or occurrence that is the subject matter of the plaintiff's claim or you will thereafter be barred from making such claim in any other action.

Barbara J. Rouse

WITNESS, [REDACTED], Esquire, at Salem, the 14th day of July, in the year of our Lord two thousand 05.

Clerk

NOTES:

1. This summons is issued pursuant to Rule 4 of the Massachusetts Rules of Civil Procedure.
2. When more than one defendant is involved, the names of all defendants should appear in the caption. If a separate summons is used for each defendant, each should be addressed to the particular defendant.

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Plaintiff(s)

D

A. Name of Plaintiff (First Name, Middle Initial, Last Name)		B. Date of Delivery
<i>Barbara J. Rouse</i>		"u or your Agent Addressed
		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Signature		D. Is there any address different from item 1? If YES, enter delivery address below:
<i>Barbara J. Rouse</i>		
E. Article Number		F. Service Type
740 390 944 767 3923		CERTIFIED MAIL <input type="checkbox"/> Yes
G. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes
H. Article Addressed to:		I. Article Addressed to:
President Dartmouth-Hitchcock Medical Center		Martin, Kathleen Dr.
One Medical Drive		Andrew J. Tine
Lebanon, NH 03756		
Reference Information		
J. Signature		
K. Signature		
L. Signature		
M. Signature		
N. Signature		
O. Signature		
P. Signature		
Q. Signature		
R. Signature		
S. Signature		
T. Signature		
U. Signature		
V. Signature		
W. Signature		
X. Signature		
Y. Signature		
Z. Signature		

Domestic Return Receipt

PS Form 3811, July 22, 1979

*Ken A. Martin**f Co. et al.*

SUMMONS

with Hitchcock Medical Ctr., Attn: President:
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Federal St., Boston, MA 02110, an answer to the

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the time of service upon plaintiff's attorney or within a reasonable time thereafter.

), your answer must state as a counterclaim any claim which you may have against the plaintiff for transaction or occurrence that is the subject matter of the plaintiff's suit, or in any other action.

Barbara J. Rouse

Thomas H. Russell Jr., Esquire, at Salem, the 14th,
in the year of our Lord two thousand 05.

Thomas H. Russell Jr.

Clerk

NOTICE TO DEFENDANT:
attorney must serve a copy of

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